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|  <b>County of San Diego</b><br><b>EMS</b><br>A Division of San Diego County Fire | SERVICE PROVIDER AGENCY                                               |  | <b>D-822</b> |
|                                                                                                                                                                   | <b>PERILARYNGEAL AIRWAY ADJUNCTS SERVICE<br/>PROVIDER DESIGNATION</b> |  |              |
|                                                                                                                                                                   | Date: <del>7/1/2014</del> <u>7/1/2023</u>                             |  | Page 1 of 1  |

## I. PURPOSE

To establish a standard mechanism for approval and designation as a Perilaryngeal Airway Adjuncts provider in San Diego County

II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.204, and 1797.22.

## III. DEFINITION(S)

**Perilaryngeal Airway Adjuncts:** For the purpose of this policy, the term “Perilaryngeal Airway Adjuncts” (PAA) includes both the ~~Esophageal Tracheal Airway Device (ETAD)~~ supraglottic airway (i-gel) and ~~King Airway~~ retroglottic airway (King Airway) devices.

## IV. POLICY

The County of San Diego, Emergency Medical Services (CoSD EMS) shall approve and designate PAA providers that meet established criteria.

## V. PROCEDURES

- A. Documentation of current PAA program approval from CoSD EMS.
- B. Enter into a Memorandum of Agreement with CoSD EMS for PAA services within the particular area of jurisdiction.
- C. Comply with the California Code of Regulations, Title 22, Section 100064(b).